

## Special Article

# The Golden State Medical Association

## The California Chapter of the National Medical Association

JULIUS W. HILL, M.D., *Los Angeles*

IN CALIFORNIA the Golden State Medical Association, which is the statewide constituent society of the National Medical Association, is less well known than some of the smaller component societies that it encompasses in this state. For example, in Southern California the Charles R. Drew Medical Society, made up predominantly of the physicians in the Los Angeles County region, is well known in medical circles throughout the state. The John Hale Medical Society of San Francisco is well known in the Bay Area. It is that society which next month will host the National Medical Association's annual meeting, to be held in San Francisco. The younger component societies in California, namely the San Joaquin Valley Medical Society, the Sinkler-Miller Medical Society of Oakland, the Richmond Medical Society of Richmond, California, and the San Diego Medical Society, are the most recent organizations of the National Medical Association. They are well known in their areas. What the majority of people in California are not aware of is that all these satellite organizations are components and operate under the charter of a constituent society of the National Medical Association, namely the Golden State Medical Association.

---

Submitted 12 June 1969.

Dr. Hill is President of the Golden State Medical Association and President-Elect of the National Medical Association, to be installed as President at its annual meeting to be held in San Francisco, August 10-14, 1969.

Reprint requests to: Golden State Medical Association, 1828 South Western Avenue, Los Angeles 90006.

The National Medical Association (NMA) is an organization founded in 1895 in Atlanta, Georgia, by a small group of Negro physicians, dentists and pharmacists who during that era found it impossible even to be considered for membership in any other medical, dental or pharmaceutical society.

The *raison d'être* for NMA was that the pattern of racial separation and discrimination was so prevalent in this country that the Negro physician whose training in those days was limited to two Negro medical schools, namely, Meharry Medical College, Nashville, Tennessee, and the Howard University College of Medicine in Washington, D.C., found that it was almost impossible after their medical training to receive internships or residencies, or even to practice medicine in accredited and many non-accredited hospitals. The plight of the Negro physician at the time of the founding of the National Medical Association was such throughout the nation that he was unable to attend scientific sessions of any sort designed for increasing the scientific knowledge of the physician throughout our nation. The National Medical Association's reason for being is still with us in this year of our Lord, 1969.

One of the past presidents of the National Medical Association, Dr. Leonadis H. Berry, in an article published to be read at a meeting of the AMA and NMA liaison committee on 27 September 1965, stated:

"Since the turn of the century 65 years ago, there have been efforts on the part of the officers of the NMA to remove the principal cause or reason for the origin and development of the NMA, namely discriminatory practices against qualified physicians because of race. For at least 25 years, there has been utilized off and on the concept of liaison meetings between the two organizations as to what the AMA may or should do towards eliminating the barrier of basic memberships in the AMA and its constituent and component societies. This practice has been carried out by constitutional requirements in the South and some border states, and by tactful permissibility on the part of the general organization. To a lesser degree, these liaison groups have been concerned with discriminatory practices in medical education, hospital appointments, discriminatory practices against Negro patients, and the perpetuation of the segregated image in medicine."

The National Medical Association has been active throughout the 74 years of its existence in the cause of the best health care for all Americans without discrimination of any kind. The NMA has also traditionally lent its own strength to campaigns toward common goals with other organizations. The passage of the Civil Rights Act of 1964 came only after years of accumulative collaborative efforts by hundreds of organizations and individuals, spearheaded always by the NAACP with the NMA doing its part both as an organization and through efforts of individual members. Since the civil rights field now swarms with leaders, hitherto unknown, be it understood that the NMA has never abandoned or relinquished its experience and activity in this sphere of its interest. All who are members of the NMA or hold office in the organization have been expected to enhance and expand its effectiveness. The National Medical Association currently has duly appointed committees, charged with furthering the implementation of Title VI of the Civil Rights Act with respect to health. The National Medical Association was the only national organization of physicians to declare for Medicare, now the law of the land, a declaration twice reaffirmed. The National Medical Association is known as the liberal wing of the medical profession.

### **Membership Not Limited to Negroes**

Membership in the NMA is not limited to members of the Negro race. The NMA has always welcomed members of the medical profession from

other racial groups. Recently the NMA suspended one of its chapters in the New York area for refusing to accept a Caucasian member to its roster, and upon investigation it was found that one of the officers of the New York chapter had blackballed the Caucasian physician for very personal reasons. The New York society made it its business to investigate this irregularity and threatened the member barring the Caucasian's admission with expulsion. The Caucasian physician is at present an officer in the New York chapter. The NMA is renowned for disciplinary action toward its component and constituent societies.

Admission to the National Medical Association is not through coercion. That is to say, membership in the NMA is not required in order to become a member of a hospital staff or procure malpractice insurance, nor is membership in the NMA essential if one is to advance in the medical profession. Membership is purely voluntary without restriction as to race, creed or color; the major requirements are that the prospective member have an M.D. degree and a license to practice medicine in the state or area in which he resides, that he be of good moral character and have a strong determination to help alleviate human suffering.

The Golden State Medical Society embodies all of the above principles and since its organization in 1961 has been nurtured and carefully directed by the Charles R. Drew Medical Society of Los Angeles.

### **Background of the Drew Society**

It was necessary for the Charles R. Drew Medical Society to organize the Golden State Medical Association in order that the Drew society could qualify for membership in the NMA. The Drew society was formed in Los Angeles. It began as a physicians' and surgeons' literary and social club. The purpose at that time was two-fold: one, that there was a need for local physicians to be organized to discuss and act on problems peculiar to men of medicine only, and second, to have scientific discussions and to keep abreast of the latest scientific information. The founding meeting was held 11 August 1950. The organization took its name in salute to the late Charles R. Drew, an illustrious physician and surgeon, an alumnus of Howard University, who died 1 April 1950. Dr. Drew is best remembered for his work in the founding of an establishment of blood plasma banks in Great Britain and in the United States

during World War II. Dr. Drew was also professor of surgery at Howard University in Washington, D.C.

To tell the story of the Golden State Medical Association, one must tell the story of the Charles R. Drew Medical Society, the story of the John Hale Medical Society of San Francisco, and the story of members of the National Medical Association elsewhere throughout the State of California where the physician population of NMA members is too small for chapter organization. The Golden State Medical Association hails every victory made by its membership toward bettering the condition for the alleviation of human suffering and contributing to the dignity of mankind. The Charles R. Drew Medical Society fought valiantly along with the administrative officers of the County of Los Angeles in their effort to procure approval of the Martin Luther King, Jr., County Hospital facility now under construction in the Los Angeles area. The Charles R. Drew Medical Society spearheaded, initiated and chartered the Charles R. Drew's Post Graduate Medical School, which will be closely affiliated with the Martin Luther King, Jr., County Hospital. The Charles R. Drew Medical Society worked closely with and took a meaningful position in the establishment of the University of Southern California Watts Health Clinic, now operating in the City of Los Angeles.

The John Hale Medical Society of San Francisco has a record in its brief period of three years of existence which causes its sister chapter in Southern California at times to blush with pride. There are approximately 6,000 Negro physicians in the United States, of which 85 percent are graduates of either Howard University College of Medicine or of Meharry Medical College. The other 15 percent have graduated from other medical schools which have been enlightened enough to admit scholars of ebon hue. More than 10 percent of all of the Negro physicians in the United States reside in California. The Golden State Medical Association, one of the youngest constituent societies in the NMA, is fast becoming one of the most outstanding. It has progressed with praise from the membership and other societies throughout the nation.

### **Talent Recruitment**

The National Medical Association is not a wealthy organization, nor is the Golden State Medical Association. The component societies that the Golden State Medical Association comprises

are also not endowed with pecuniary abundance, yet projects and programs deemed essential to the continued progress of the organization are almost always provided for. Some of the most important programs at the present time being sponsored by the organization are the talent recruitment program which was begun approximately five years ago, even before such programs became a matter of national interest. This program sponsored and initiated by the NMA is one whereby medical and paramedical talent is searched for and, when found, encouraged to seek medical and paramedical training. Another major task of the NMA, the Golden State Medical Association and its component societies, as well as those throughout the nation, is that of encouraging the major medical and paramedical institutions throughout the nation to accept more minority students to their rosters. The NMA pioneered this phase of scholar recruitment. The dearth of Negro medical personnel, especially physicians, is of greater concern to the NMA than possibly to any other organization claiming interest in this matter. This statistic as compiled by the NMA pertaining to the ratio of minority physicians, especially Negro physicians, in accordance with the American population indicates that one out of every 7,000 Negroes can aspire to become a physician, while for whites the number is one out of every 632.

The National Medical Association has provided a scholarship fund which throughout the years has paid all or part of tuition cost for deserving scholars seeking training in the medical profession. However the scholarships unfortunately have been limited only to those of very superior scholastic standing. The association will probably alter its requirement for scholarships, just as is being done throughout the nation in lowering medical school requirements for underprivileged and/or socio-economically deprived students.

One of the most important concerns of the Golden State Medical Association at present is to have its personnel more recognized as a part of the California medical scene. The members of the Golden State Medical Association are eager to extend the hand of friendship and cooperation as well as the feeling of brotherhood among all the members of our great profession. Although not affluent or large of membership, the Golden State Medical Association prides itself on the quality of its membership. It, as well as the National Medical Association and the component societies,

encourage and assist the members to maintain the highest standards of the medical profession.

Embodied in the structure of the Golden State Medical Association are board-eligible and qualified specialists in every field of medicine, although not in the quantity desired. From the general practitioner to the superspecialist, the Golden State Society stands ready to serve the California community. A step in the right direction was the recent endorsement by the Council of the California Medical Association and the membership of the Golden State Medical Association of the formation of a liaison committee for the purpose of bridging gaps that might exist between the black professional and his white brother. The members of the Golden State Medical Association stand ready to serve and to cooperate with every endeavor which promotes the best health care for our California citizens, regardless of race, creed,

color and socio-economic position.

The Golden State Medical Association advocates, as was previously mentioned, a spirit of cooperation and respect with a strong bond of friendship encouraged by the common goal of service to humanity.

One of the most important factors of the membership of the Golden State Medical Association is that almost 100 percent of the membership are also members of the American Medical Association, the California Medical Association and the local county societies throughout the state. There is a little dichotomy existing in our state and it is felt that this dichotomy is due solely to the fact that there has not been enough fraternization and friendship exemplified. One can appreciate his fellowman only if he knows him. One cannot know his fellowman if he remains aloof and apart from him.

#### RENAL LESIONS OF SYSTEMIC LUPUS ERYTHEMATOSUS

"There are several [renal] lesions accompanying systemic lupus [erythematosus], and they vary in their need for being treated. There is what has been called a glomerulitis, which is a lesion that is characterized by red cells in the urine, perhaps a small amount of protein, and rather minimal inflammation of the glomerulus. These, in general, do fairly well. Then there is a more intense lesion that has passed under the term of systemic lupus glomerulonephritis. This involves the glomeruli severely — with proliferation, ultimately scarring, thrombi, and invasion with leukocytes, etc.; and in addition, it involves the tubules and the interstitium. This is indeed a very serious lesion. Then finally one can have a straight so-called membranous lesion with systemic lupus. These tend to do fairly well. I think that it's important to point out that as one looks at patients with lupus lesions, about 25 to 30 percent will develop a nephrotic syndrome. I think this is always an indication for treatment."

—JAMES HOPPER, JR., M.D., San Francisco  
Extracted from *Audio-Digest Internal Medicine*, Vol. 15, No. 24, in the Audio-Digest Foundation's subscription series of tape-recorded programs.